

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		3-8-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

ser
SP10221

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	1/21
2	2/10
3	2/10
4	2/10
5	2/10
6	2/10
7	2/10
8	2/10
9	2/10
10	2/10
11	2/10
12	2/10
13	2/10
14	2/10
15	2/10
16	2/10
17	2/10
18	2/10
19	2/10
20	2/10
21	2/10
22	2/10
23	2/10
24	2/10
25	2/10
26	2/10
27	2/10
28	2/10
29	2/10
30	2/10
31	2/10
32	2/10
33	2/10
34	2/10
35	2/10
36	2/10
37	2/10
38	2/10
39	2/10
40	2/10
41	2/10
42	2/10
43	2/10
44	2/10
45	2/10
46	2/10
47	2/10
48	2/10
49	2/10
50	2/10

Claim	Date
Final Original	
51	2/10
52	2/10
53	2/10
54	2/10
55	2/10
56	2/10
57	2/10
58	2/10
59	2/10
60	2/10
61	2/10
62	2/10
63	2/10
64	2/10
65	2/10
66	2/10
67	2/10
68	2/10
69	2/10
70	2/10
71	2/10
72	2/10
73	2/10
74	2/10
75	2/10
76	2/10
77	2/10
78	2/10
79	2/10
80	2/10
81	2/10
82	2/10
83	2/10
84	2/10
85	2/10
86	2/10
87	2/10
88	2/10
89	2/10
90	2/10
91	2/10
92	2/10
93	2/10
94	2/10
95	2/10
96	2/10
97	2/10
98	2/10
99	2/10
100	2/10

Claim	Date
Final Original	
101	2/10
102	2/10
103	2/10
104	2/10
105	2/10
106	2/10
107	2/10
108	2/10
109	2/10
110	2/10
111	2/10
112	2/10
113	2/10
114	2/10
115	2/10
116	2/10
117	2/10
118	2/10
119	2/10
120	2/10
121	2/10
122	2/10
123	2/10
124	2/10
125	2/10
126	2/10
127	2/10
128	2/10
129	2/10
130	2/10
131	2/10
132	2/10
133	2/10
134	2/10
135	2/10
136	2/10
137	2/10
138	2/10
139	2/10
140	2/10
141	2/10
142	2/10
143	2/10
144	2/10
145	2/10
146	2/10
147	2/10
148	2/10
149	2/10
150	2/10

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

BEST COPY